Robert M. Damminger Freeholder Director

Giuseppe (Joe) Chila Deputy Freeholder Director

> Lyman Barnes Freeholder Liaison



Gloucester County Department of Health, Senior & Disability Services

Division of Health

OFFICIAL USE ONLY

GLOUCESTER COUNTY RESIDENTS ONLY YOU MUST SHOW PROOF OF RESIDENCY

Place address label here if you brought one Site #	Mun Cod	e
Last Name First Name _		A A A A A A A A A A A A A A A A A A A
Address(Street) (To		
(Street) (To	own where you vote/pay	/ taxes)
Home Phone Date of Bi	irth	
Have you EVER had a flu shot before?	YES	NO
Are you allergic to eggs?	NO	YES
Have you had a fever over 100° in the last 48 hours?	NO	YES
Have you ever been diagnosed with Guillain Barre? have received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine bove for whom I am authorized to make this request.		
nave received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine love for whom I am authorized to make this request.	5/13. I believe that I ube given to me or the	nderstand the
nave received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine bove for whom I am authorized to make this request.	5/13. I believe that I ube given to me or the	nderstand the person named
nave received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine love for whom I am authorized to make this request. gnature gn and Print if guardian)	5/13. I believe that I ube given to me or the	nderstand the person named
nave received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine love for whom I am authorized to make this request. gnature gn and Print if guardian)	b/13. I believe that I use given to me or the Date Fluzone Influence Supplies Supplies Supplies Fluzone Influence Supplies Supp	nderstand the person named
nave received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine love for whom I am authorized to make this request. gnature gn and Print if guardian) OFFICIAL USE ONLY	i/13. I believe that I ube given to me or the Date Fluzone InfluExpires Jun U4694CA	enza Vaccine ne 30, 2014
nave received the Influenza Vaccine Information Statement dated 7/26 mefits and the risks of Influenza Vaccine and request that the vaccine love for whom I am authorized to make this request. gnature gn and Print if guardian) OFFICIAL USE ONLY	black of the begiven to me or the begiven to me or the black blac	enza Vaccine ne 30, 2014
nave received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine bove for whom I am authorized to make this request. gnature gn and Print if guardian) OFFICIAL USE ONLY	black of the begiven to me or the begiven to me or the black blac	enza Vaccine ne 30, 2014 UH909AA UH899AC UH900AB
have received the Influenza Vaccine Information Statement dated 7/26 enefits and the risks of Influenza Vaccine and request that the vaccine bove for whom I am authorized to make this request. ignature ign and Print if guardian) OFFICIAL USE ONLY Site: Right Deltoid Left Deltoid Other	Fluzone InfluExpires Jun U4694CA U4696EA	enza Vaccine ne 30, 2014 UH909AA UH899AC UH900AB